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09/01/2006

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<i>Aligail Capulnrg</i>	(Depositor's name)
<i>Capulnrg</i>	(Signature)
<i>9.25.06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,565	11/13/2003	Harvey A. Fishman	S02-296/US	8264

TITLE OF INVENTION: ARTIFICIAL SYNAPSE CHIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 \$1400	\$300	\$0	\$1000 \$1700	12/01/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
FORD, ALLISON M	1651	424-423000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 02 FC:1504
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Board of Trustees of the Leland Stanford University

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/713565
	Filing Date	11/13/2003
	First Named Inventor	Harvey A. Fishman
	Art Unit	1651
	Examiner Name	Ford, Allison
Total Number of Pages in This Submission	Attorney Docket Number	S02-296/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: Issue Fee _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	9/25/06	REGISTRATION NUMBER	50,142

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SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	9/25/06

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